

## Appendix 12

### Wisconsin Medicaid/National Council For Prescription Drug Programs Crosswalks

The following tables list National Council for Prescription Drug Programs (NCPDP) values and the equivalent Wisconsin Medicaid values. Use the NCPDP values for real-time and paper claims. Use Wisconsin Medicaid values for electronic media claims (EMC) and when submitting prior authorization requests.

**Crosswalk One**  
**Other Coverage Code (NCPDP)/Other Insurance Indicator (Wisconsin Medicaid)**

<b>NCPDP Code</b>	<b>NCPDP Description</b>	<b>Wisconsin Medicaid Code</b>	<b>Wisconsin Medicaid Description</b>
0	Not specified.	D	Denied by commercial insurance (benefits exhausted, not covered, deductible reached, etc.)
1	No other coverage identified.	Blank	No other insurance coverage.
2	Other coverage exists — payment collected.	P	Paid in part by commercial insurance or HMO.
3	Other coverage exists — this claim not covered.	7	Medicare benefits denied/rejected.
4	Other coverage exists — payment not collected.	Y	Yes, recipient has other coverage but was not billed for reasons.
5*	Managed care plan denial.	H	Commercial HMO or health maintenance plan does not cover this service or billed amount does not exceed the coinsurance or deductible amount.
7*	Other coverage exists — not in effect at time of service.	6	Non-Medicare eligible recipient.

\*Effective with NCPDP version 3.3 and higher.

**Appendix 12**  
**continued**

**Crosswalk Two**  
**Customer Location (NCPDP)/Place of Service (Wisconsin Medicaid)**

<b>NCPDP Code</b>	<b>NCPDP Description</b>	<b>Wisconsin Medicaid Code</b>	<b>Wisconsin Medicaid Description</b>
00	Not specified.	0	Pharmacy.
01	Home.	4	Home (IV-IM services only).*
07	Skilled care facility.	8	Skilled nursing facility.
08	Sub-acute care facility.	7	Nursing home extended care facility.
10	Outpatient.	3	Doctor's office.

\*Note: Most National Drug Codes (NDCs) do not allow this option.

**Crosswalk Three**  
**New/Refill Code (NCPDP)/Refill (Wisconsin Medicaid)**

<b>NCPDP Code</b>	<b>NCPDP Description</b>	<b>Wisconsin Medicaid Code</b>	<b>Wisconsin Medicaid Description</b>
00	New prescription.	0	New prescription.
01	Number of refills.	1	1 refill.
02	Number of refills.	2	2 refills.
03	Number of refills.	3	3 refills.
04	Number of refills.	4	4 refills.
05	Number of refills.	5	5 refills.
06	Number of refills.	6	6 refills.
07	Number of refills.	7	7 refills.
08	Number of refills.	8	8 refills.
09	Number of refills.	9	9-99 refills.
10-99	Number of refills.	9	9-11 refills.

**Appendix 12**  
**continued**

**Crosswalk Four**  
**Dispense As Written/Product Selection (NCPDP)/Maximum Allowed Cost (MAC)**  
**Waiver Code (Wisconsin Medicaid)**

<b>NCPDP Code</b>	<b>NCPDP Description</b>	<b>Wisconsin Medicaid Code</b>	<b>Wisconsin Medicaid Description</b>
0	No product selection indicated.	Blank	Not specified.
1	Substitution not allowed by prescriber.	N	No substitute.

**Crosswalk Five**  
**Unit Dose Indicator (NCPDP)/Unit Dose (Wisconsin Medicaid)**

<b>NCPDP Code</b>	<b>NCPDP Description</b>	<b>Wisconsin Medicaid Code</b>	<b>Wisconsin Medicaid Description</b>
0	Not specified.	Blank	Traditional dispensing fee with no repackaging allowance.
1	Not unit dose.	D	Traditional dispensing fee with repackaging allowance.
2	Manufacturer unit dose.	U	Unit dose dispensing fee with no repackaging allowance.
3	Pharmacy unit dose.	B	Unit dose dispensing fee with repackaging allowance.